



TEXAS
Health and Human
Services

Early Childhood Intervention (ECI)

Random Moment Time Study

The Agenda



Random Moment Time Study (RMTS) will include:

- RMTS Overview
- RMTS Requirements
- Contacts – Roles and Responsibilities
- Participant List
- Moment Selection
- Moment Response
- System Demonstration
- Polling Questions
- Medicaid Administrative Claiming (MAC) Overview
- Wrap up

What is Random Moment Time Study (RMTS)?

- A valid random sampling technique that measures the participant's time performing work activities
- The “Moment” represents one minute of time that is randomly selected from all available moments within the quarter
- Statewide time study sample

Regardless of the ECI the time study participant is located, once the moment has occurred, please logon to STAIRS and respond to the series of questions documenting the activity being performed and the name of the entity.
- Significantly reduces staff time needed to record participant activities



Overview - Purpose of RMTS

- To determine the percentage of time the ECI incurs assisting individuals to access medically necessary Medicaid funded services

Medicaid Outreach

Medicaid Eligibility Determination

Medicaid Referral, Coordination, and Monitoring

Medicaid Staff Training

Medicaid Transportation

Medicaid Translation

Medicaid Program Planning, Development & Interagency Coordination

Medicaid Provider Relations

- To reasonably identify staff time spent on activities during the given quarter.



Overview - Time Study Activities

- **Direct Medical** – Providing care, treatment and/or counseling
- **Outreach** – Informing individuals, families and groups about available services
- **Eligibility** – Assisting individuals or families with the Medicaid eligibility process
- **Referral, Coordination, and Monitoring** – Making referrals, coordinating and/or monitoring the delivery of medical services
- **Staff Training** – Coordinating, conducting or participating in training pertaining to medical or Medicaid services
- **Transportation** – Arranging or providing transportation to medical or Medicaid services
- **Translation** – Arranging or providing translation to an individual or family to access medical or Medicaid services
- **Program Planning, Development & Interagency Coordination** – Developing strategies to improve the coordination and delivery of medical or Medicaid services
- **Provider Relations** – Activities to secure and maintain Medicaid providers



Overview- RMITS Process

HHSC contractor codes moment



RMITS Contact identifies pool of time study participants



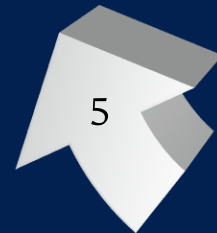
HHSC Contractor identifies pool of available time study moments



HHSC Contractor randomly matches moments and participants



RMITS Contact ensures selected participants are trained



Participant responds to selected moment by answering moment online



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Requirements for RMTS

In order to participate, you must...

- Time Study Periods (Federal Fiscal Quarters)
 - 1st Quarter - October, November, December
 - 2nd Quarter - January, February, March
 - 3rd Quarter - April, May, June
 - 4th Quarter – July, August, September
- To claim MAC must participate in time study.
- Participant List (PL) must be certified for entity to participate in the random moment time study (RMTS).
- To be included on the MAC claim the position must be included on the PL.
- A statewide response rate of 85% for RMTS moments is required.
- Mandatory annual training for RMTS Contact and participants is required.



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Requirements - Important Dates

Event	Opens/Begins	Closes/Ends (6 p.m. CT)
-------	--------------	----------------------------

Participant List (PL)

1st Quarter PL	08/15/2019	09/13/2019
2nd Quarter PL	09/14/2019	12/13/2019
3rd Quarter PL	12/14/2019	03/13/2020
4th Quarter PL	03/14/2020	06/15/2020

Time Study (TS)

1st Quarter TS	10/01/2019	12/31/2019
2nd Quarter TS	01/02/2020	03/31/2020
3rd Quarter TS	04/01/2020	06/30/2020
4th Quarter TS	07/01/2020	09/30/2020



Requirements - Training

- Each RMTS Contact must complete HHSC training annually
- RMTS contacts are required to complete only one HHS annual initial training and then are eligible to take “refresher” trainings.
- Initial training must be interactive and therefore must be conducted via Face-to-Face, Webinar, Skype or Teleconference
- Refresher training may be conducted via CD's, videos, web-based and self-paced training
- HHSC recommends that all participating ECI's have at least 2 employees attend mandatory RMTS Contact training
- Trained RMTS contacts are responsible for training Time Study (TS) participants annually
- MAC Financial Contact training is mandatory and held separately



Requirements - Training

Full Access versus View Only Access

System Access is limited to “View Only” until training is completed



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Welcome, Blanca Norridge ([Logout](#))

D'Angelo Center (ECI)

[Dashboard](#) [Participant List](#) [Time Study Sample](#) [Manage](#)

[Manage Contacts](#) | [Manage Training Status](#)

FY2015 -- D'Angelo Center (ECI)
RMTS Contact Trainings

Filters: FY2015 D'Angelo Center (ECI) RMTS Contact Trainings All Users [Confirm](#)

[Preparers Available for Hire](#)

Actions	FB User Id	First Name	Last Name	District	Trained	Status	Training	Training Period	Willing to Hire Out? *
Make View-only	777383	Gemma	Baddington	D'Angelo Center (ECI) (Secondary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2015 - ECI Initial (Webinar 2014-09-03, 08:30:00-12:00:00 Austin, TX)	FY2015	No
Make View-only	271009	Harold	Goode	D'Angelo Center (ECI) (Secondary RMTS Contact, Primary CEO)	Yes	Full Access to PL and TS	RMTS 2015 - ECI Initial (Webinar 2014-09-03, 08:30:00-12:00:00 Austin, TX)	FY2015	No
No Access	940532	Sheila	Hultgren	D'Angelo Center (ECI) (Primary MAC Financial Contact)	Yes	No Access to PL and TS	RMTS 2015 - ECI Initial (Webinar 2014-12-03, 13:00:00-16:30:00 Austin, TX)	FY2015	No
Yourself	271189	Blanca	Norridge	D'Angelo Center (ECI) (Primary RMTS Contact)	Yes	Full Access to PL and TS	RMTS 2015 - ECI Initial (Webinar 2014-09-03, 08:30:00-12:00:00 Austin, TX)	FY2015	No Change to Yes
Not Trained	366575	Bob	Federer	D'Angelo Center (ECI) (Secondary MAC Financial Contact)	No	No Access to PL and TS			

* Choosing "Yes" means that you authorize the release of your name and contact information to the general public as someone who is willing to be hired to provide contract services to others.
NOTE: You must have attended training for the relevant period and role type in order to select "Yes". Neither HHSC nor Fairbanks will endorse an individual's capabilities to provide the contract service.

RMTS Information
[RMTS Information Website \(TX - HHSC\)](#)

MAC Information
[MAC Information Website \(TX - HHSC\)](#)

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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STAIRS Contacts

- ❑ Entity Contacts
 - Chief Executive Officer (CEO)
 - RMTS Contacts
 - MAC Financial Contacts
- ❑ Time Study Participants
- ❑ Health and Human Services Commission
- ❑ HHSC Contractor
 - Fairbanks LLC
 - ❑ Technical Support
 - ❑ Central Coding Staff



Chief Executive Officer (CEO)

- Must be designated as a contact in STAIRS. Username and password will be provided via E-mail
- Has the ability to add “Primary” RMTS contact

Primary RMTS Contact can add Secondary Contacts

When a Primary or Secondary RMTS contact is added, it automatically generates an e-mail containing their username and password



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RMTS Contact

- Must be an employee of the entity or its designee
 - Primary RMTS Contact must be an employee of ECI
 - ECI assumes all responsibility for designee's actions/non-actions

- Ensure all contact information is current and accurate
- Must attend annual training provided by HHSC
- Verify and update quarterly Participant List
- Provides RMTS training to sampled participants
- Provides ongoing technical assistance to participants
- Ensure ECI compliance with 85% required response rate
 - Receives weekly list of participants that did not respond to their moments (document reason for missed moments)
- Contact can enter paid and unpaid time off for the selected participants when they are unavailable



RMTS Contact (con't)

- Time study participants who are absent at the time of their selected moment but will return within 5 business days, should complete the moment.
- The RMTS Contact will need to respond to the moment as “paid or unpaid” leave if the participant will not return within 5 business days.
- If a position is Vacant, the RMTS Contact should respond to the moment as “unpaid” leave. If a position has been filled, the selected moment should be forwarded to the new employee for response.
- If the position is filled after the 3 day notification has been e-mailed to the vacant position or the employee previously in that position, the new employee will have to use the username and password provided on the 3 day notification
- Because this is a STATEWIDE time study sample if you have an employee (contractor or regular) that has been selected for a moment but is working for another ECI at the time of their moment they still respond to the moment what they were doing



Manage Time Study Sample

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Welcome, (Logout)

Time Study Sample (ECI)

Dashboard Participant List Time Study Sample Manage

Open Quarter: July - September 2018

Quarter-to-Date Compliance: 85%
Overall Compliance: 17%

Open Quarter: July - September 2018 Change Quarter (Training status: full access)

Download Sampled Usernames/Passwords to Distribute Reference Materials

Paid Leave Unpaid Leave Edit

Showing: 1 - 69

Job Category	Last Name	First Name	Email	Location	Employment Type	Moment ↑	Is Certified
Early Intervention Specialist (EIS)		Joanne		Allen	Part Time	07/03/2018, 05:51 AM	Certified 06/28/2018, 09:46 AM
Speech Language Pathologist - Intern (CFY)		Whitney	@.org			110	Full Time 07/19/2018, 11:49 AM Not Certified
Early Intervention Specialist (EIS)		Cassandra	@.org			131	Full Time 07/02/2018, 10:09 AM Certified 07/02/2018, 11:16 AM CDT
Marriage & Family Therapist (LMFT)		Sarah	@.org			150	Full Time 07/02/2018, 11:08 AM Certified 07/02/2018, 07:28 AM CDT
Occupational Therapist - Licensed (OT)		Megen	@.org			162	Full Time 07/20/2018, 01:26 PM Certified 07/20/2018, 11:16 AM CDT
Early Intervention Specialist (EIS)		Lisa	@.org			115	Full Time 07/20/2018, 02:58 PM Future Moment
Early Intervention Specialist (EIS)			@.org				Full Time 07/27/2018, 11:42 AM Future Moment

For questions, please contact Fairbanks LLC Client Information



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Time Study Participant

Time Study Participant must:

- Must answer the following to document the sampled moment:
 - What were you doing?
 - Why were you doing it?
 - Activity a benefit to?
 - Who were with you?
- Must attend annual training provided by trained RMTS Contact
- Participant notified of moment 3 days in advance
- Enter response within 5 business days of moment
- Reminders sent to participants via e-mail at 24, 48, & 72 hrs.
 - Primary RMTS Contact copied on the 72 hour reminder
- Failure to enter the information will disqualify the moment
- Respond to follow-up questions from coders within 3 business days from receipt of e-mail.
 - Primary RMTS Contact will be copied on the e-mail



HHSC – Time Study Unit

- Provides RMTS support and guidance
- Provides training to RMTS Contacts
- Provides training to Central Coders
- Works with appropriate federal agencies to design and implement programs
- Conducts ongoing program review to include:
 - Time Study results
 - Compliance with training requirements
 - Documentation compliance
- Sends out the non-compliance notification letters



Fairbanks, LLC.

Central Coders

- Receives training from HHSC on activity codes
- Review the participant's response for the sampled moment
- Assigns activity code using uniform time study codes
- When additional information is needed they must obtain clarifying information from time study participants via follow-up e-mail within 3 business days of request.
- Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance



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Technical Support

- Contracted by HHSC to operate and administer the web-based RMTS system
- Assist in annual training for RMTS Contacts
- Ongoing system support
- Send e-mail notification to selected participant 3 days prior to the sampled moment
- Send reminder e-mails for non-response to the sampled moment



Polling Question

1. If a participant fails to respond to their moment within the 5 business days the RMTS Contact must:
 - A. Document the reason for the missed moment in STAIRS
 - B. Report the incident to the participant's supervisor
 - C. Remove the participant from the PL and exclude from TS
 - D. All of the above



Participant List

Agenda

- Development
- Certification
- Who's In
- Drop Down Options
- System Demonstration



PL - Development

- At the beginning of each quarter only the trained RMTS Contact provides in STAIRS a comprehensive list of staff eligible to participate in the RMTS.
- Once PL is closed you cannot add/delete a participant nor change position/function category.
- Every time the PL is updated, it is also certified.

The RMTS Contact must open the PL and click the “certify the PL” button prior to the deadline, even if there are no changes to the participant list from the previous quarter.



PL - Development

- An accurate PL is a critical part for ensuring eligibility for MAC

If an ECI does not update/certify its PL by the deadline:

They are ineligible to submit a MAC claim for that quarter

- Reminder e-mails will be sent only to those ECIs that have not certified their PL.
- The PL provides a basis to identify the positions that may be included in the MAC claim



PL - Development

Vacant Positions

Inconsistent implementation from year to year and entity to entity

- Only the vacant position(s) the ECI anticipates filling during the quarter should be included on the PL
- Should be reviewed and edited each quarter before the PL closes
- Loading the PL with vacant positions limits the opportunity for the selected moment to be a reimbursable response
- RMTS Contact responds to the moment as paid/unpaid leave
- Excess ultimately lowers the RMTS percentage across the State



PL - Development

Duplicate Positions - What To Do???

- Identify and Remove from PL
- If more than one job function is performed by the participant, only include it once on the PL in the category/function performed majority of the time.
- Email(s) will be sent to those entities identified as having possible duplicate entries.
- HHSC trained RMTS Contact will be responsible for removing duplicate entries prior to the PL close date.

To remove duplicates from the PL do the following:

Export your PL to Excel. Choose the column of data (e.g. address, external ID) that may have duplicates. Highlight that column and choose the “conditional formatting” option. You’ll see an option there to “highlight duplicate values”

It’s easy to identify and remove any duplicates.



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PL - Who's In???

Participant List includes:

- Staff who perform MAC activities:
 - Regular duties on a weekly basis
 - Regular Staff
 - Federally funded employees
- Contractors (including all positions) who are not employees of the entity but provide services for entity.
 - For one position being filled by multiple contractors, it should be listed as one position on PL
 - For multiple positions filled by one or more contractors, then each position should be listed on PL.
- Vacant positions that are anticipated to be filled (with reasonably certainty) during the quarter.



PL - Drop Down Options

ABA Specialist
Assistant Director
Audiologist – Licensed
Dietitian - Licensed
Early Intervention Specialist (EIS)
Licensed Professional Counselor (LCP)
Marriage and Family Therapist
Nurse – Advanced Practice (APN)
Nurse – Licensed Vocational (LVN)
Nurse – Registered (RN)
Occupational Therapist – Licensed (OT)
Occupational Therapist –Certified
Assistant (COTA)
Other Management Staff
Parent Educator
Physical Therapist – Licensed (PT)
Physical Therapist – Assistant (LPTA)

Pre-Enrollment Staff
Program Director
Program Supervisor
Psychologist – Licensed
Psychologist – Licensed Associate (LPA)
Public Outreach/Child Find Staff
Service Coordinator
Site Manager
Social Worker – Licensed Clinical (LCSW)
Social Worker – Licensed Master (LMSW)
Social Worker – Licensed Baccalaureate
(LBSW)
Speech and Language Pathologist –
Licensed (SLP)
Speech and Language Pathologist –
Licensed Assistant (SLPA)
Team Leader
Trainer/Coordinator



PL - System Demonstration

Demonstration of RMTS online system:

- Participant List Development
- Managing Contacts
- Designating “Willing to Hire Out”
- Training Tracking
- Time Study Sample
- Monitoring Response Completion
- Documenting non-response



Polling Questions

2. If a participant performs more than one job function for your ECI place them on the PL for each function they perform

- A. True
- B. False

3. If Mr. Lopez has resigned and Ms. Cortez has replaced him and both are SLP should the RMTS Contact update the PL with Ms. Cortez?

- A. True
- B. False



Polling Question

4. Which of the following **IS NOT** a requirement for Random Moment Time Study participation?

- A. Certify the Participant List (PL) for each quarter
- B. Have an “active” Texas Provider Identifier (TPI)
- C. To meet the mandatory training requirements quarterly
- D. Maintain the 85% response rate for selected moments



Time Study Moment - General


Total pool of moments calculation:

$(\text{work days in quarter}) \times (\text{work hours each day}) \times (60) \times (\# \text{ of participants})$

Time study “moments” are randomly selected throughout the entire quarter

A time study “moment” represents one minute at the selected time

If a participant is sampled for a “moment,” their only responsibility is to document what they were doing at that precise minute

Some options have “hover-over” and/or “question marks” that  provide additional information that helps the participant make the best selection

Polling Questions

5. If no RMTS contact has completed training for the current FFY & the PL closes in just 5 days. The RMTS contact should:
- A. Open the spreadsheet “Preparers Available for Hire”
 - B. Call Time Study Unit to request an individual training
 - C. Call Fairbanks to request access to STAIRS on-line system
 - D. Inform CEO they cannot participate in MAC
6. If a selected participant is no longer working at the ECI and no one has filled the position, the RMTS Contact should:
- A. Respond to the moment as paid leave
 - B. Respond to the moment as unpaid leave
 - C. Edit the moment & change the participant name to “Vacant”
 - D. Both B & C



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Polling Questions

7. A RMTS Contact with "View Only" access can respond to a moment when the participant can't complete the moment in the 5 days

- A. True
- B. False



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RMTS Participant Moment

Demonstration of RMTS online system:

- Sampling and Notification
- Participant Questions
- System Demonstration
- Moment Completion



Moment – Notification Example

E-mail sent to selected participants

Name: [REDACTED]
Entity: [REDACTED]
Entity Contact: [REDACTED]
RMTS Category: Pre-Enrollment Staff |
Random Moment: 09:29 AM on 07/25/2018

You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your entity. Your participation is mandatory and assists your entity in obtaining reimbursement for Medicaid Administrative Claiming (MAC).

In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer the questions asked to report the activity you were performing at your sampled moment of 09:29 AM on 07/25/2018.

User Name: [REDACTED]
Password: [REDACTED]

If you need any assistance or have any questions, please contact your RMTS Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.



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Moment – Web Page Screen

www.fairbanksllc.com



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About Us Services Clients News Careers Contact Us

Client Login

- Alabama
- California
- Illinois
- Kentucky
- Missouri
- Nebraska
- New Mexico
- North Carolina
- R Texas Cost Reporting
- Texas ECI
- Texas ISD
- Texas LHD
- Texas MH-IDD

Define the...
Develop the s...

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. [More about Fairbanks LLC >](#)

What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

[Our Services >](#)

Who We Work With

Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

[Our Clients >](#)

Moment – Login Screen


The screenshot shows a Microsoft Internet Explorer window titled "Fairbanks LLC MAC Login - Microsoft Internet Explorer". The address bar displays "http://mac.fairbanksllc.com/login/". The page features the Fairbanks LLC logo at the top. Below the logo is a login form with two input fields: "Login:" and "Your Password:". A "Login" button is positioned below the password field. Below the login button, there is a link "Forgot your password? Reset it here:" followed by a "Reset Password" button. At the bottom of the page, a blue banner contains the text: "For questions, please contact Fairbanks Client Information Center: (888) 321-1225 or info@fairbanksllc.com" and "© 2007 Fairbanks LLC. All Rights Reserved". The status bar at the bottom of the browser window shows "Done" and "Internet".

Fairbanks LLC MAC Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail News RSS Feeds

Address <http://mac.fairbanksllc.com/login/> Go Links


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LLC

Login:

Your Password:

Login

Forgot your password? Reset it here: [Reset Password](#)

For questions, please contact Fairbanks Client Information Center: (888) 321-1225 or info@fairbanksllc.com
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Done Internet

Moment – Welcome Screen



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

Welcome to the Random Moment Time Study. Your participation in the random moment Time Study is an integral component for your program to receive Federal reimbursement and should only take a few minutes to complete.

Please complete the following screen indicating the activity that you were performing during your sampled date and time, providing as much detail as possible. If you have any questions, do not hesitate to contact the Fairbanks Client Information Center at (888) 321-1225.

[Start Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: [redacted] (ECI)

MAC Category: Speech Language Pathologist -
Licensed (SLP)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

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Moment – Instruction Screen



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study on behalf of your organization. You are required to complete the following Time Study questionnaire, which will ask you several questions that you will answer for your sampled date and time. The specific information that you provide on the Time Study is not shared with your organization, however it is reviewed by Fairbanks personnel and coded for Medicaid reimbursement purposes. As a result, it is important that you complete the Time Study accurately.

The following provides guidance on the accurate completion of the Time Study:

1. Please keep in mind that you are responding for one precise minute in time.
2. Choices are provided for your convenience. If you do not see a response that applies, click "other" and provide details.
3. If you use acronyms in the description of your activity, please provide a definition of the acronym.
4. If you were with a child, Do not provide client-specific names, instead your response can state that you were working with a child or group of children.
5. Some responses do not provide enough description. Examples of unacceptable responses:
 - "I was doing my job."
 - "I was completing my job responsibilities."
 - "I was completing this time study form."
6. If insufficient information is provided, you will receive a follow-up email or phone call requesting more information.
7. If you are travelling at the selected moment, please associate the time spent travelling with the activity you will be performing when you are done travelling. For example, travelling to a direct service appointment, the travel time is reported as direct service.
8. The term **caregiver** includes all individuals who are responsible for the child's safety and well being throughout the day. Examples: Parent, foster parent, extended family, daycare provider.
9. Time spent **travelling** to or from the activity is considered a part of that activity. For example, travel to a child's home to provide case management is considered as time spent providing case management.
10. Time spent **preparing** for the activity and **documenting** the activity are to be considered a part of that activity. For example, collecting the necessary forms in preparation of an evaluation is considered time spent performing the evaluation.

Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
(ECI)
MAC Category: Early Intervention Specialist
(EIS)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment – Questions?

WHAT Were You Doing?

WHY Were You Doing It?

It's a Benefit to Whom?

WHO Were You With?



Moment – System Demonstration

Participants' Moment Demonstration

How Sample Participant's respond to their time study moment



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Response – Question 1

What were you doing?



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/08/2015, 09:58 AM Central Time

What were you doing?

- | | |
|--|---|
| <input type="radio"/> Break | <input type="radio"/> Supervision |
| <input type="radio"/> General administrative function | <input type="radio"/> Outreach |
| <input type="radio"/> Interagency Coordination | <input type="radio"/> Pre-Eligibility |
| <input type="radio"/> Lunch | <input type="radio"/> Referral |
| <input type="radio"/> Not at work | <input type="radio"/> IFSP development, review, or revision |
| <input type="radio"/> Policy development and program planning | <input type="radio"/> Attending a Staff Meeting |
| <input type="radio"/> Service provider relations, development, and recruitment | <input type="radio"/> Case consultation |
| <input type="radio"/> Staff training | <input type="radio"/> None of the above |
| <input type="radio"/> Case management | <input type="radio"/> Transportation - arranging |
| <input type="radio"/> ECI Eligibility Determination | <input type="radio"/> Transportation - provision |
| <input type="radio"/> Discipline specific assessment | <input type="radio"/> Translation - arranging |
| <input type="radio"/> Discipline specific service on the IFSP | <input type="radio"/> Translation - provision |
| <input type="radio"/> Specialized Skills Training | <input type="radio"/> Application for monetary assistance or public health benefits |

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
(ECI)
MAC Category: Physical Therapist - Licensed (PT)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

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Response – Question 1

What were you doing?

Application for monetary assistance or public health benefits?

(hover over) Examples: CHIP, Medicaid, WIC

For what type of assistance?

Food stamps

CHIP

Medicaid

TANF

WIC

SSDI

SSI

None of the above

Please identify the type of assistance (open text)

Are you the assigned service coordinator?

Yes

No



Response – Question 1

What were you doing?

Attending a Staff Meeting

Client(s) specific meeting

General staff meeting

Sharing new strategies in the field to better serve children

Break

Case Consultation (*hover over* – 2 or more staff)

Peers within ECI

Collateral consultation – with staff outside of ECI

None of the above

Please provide a 2-3 sentence description of what you were doing at that moment. (open text)



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Response – Question 1

What were you doing?

Case Management

Coordination and transitioning
IFSP development, review, or revision

Referral

Monitoring

Are you the assigned Service Coordinator?

Yes

No

Type of Contact

Face to Face

Phone

None of the above



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Response – Question 1

What were you doing?

Case Management (cont.)

Who were you working with ?

Child who is eligible for ECI

Child whose eligibility for ECI has not been determined yet

Child determined to not be eligible for ECI

Family member/caregiver and NOT THE ECI CHILD

Group of people

None of the above

Please indicate the focus of the activity (open text)

Discipline Specific Assessment

Select the service

Discipline Specific Service on the IFSP

Select the service



Response – Question 1

What were you doing?

ECI Eligibility Determination

Which evaluation did you perform?

Initial

Annual

Was the evaluation within your scope of practice under state law?

Yes

What is your license or certification? (open text)

No

Don't know



TEXAS
Health and Human
Services

Response – Question 1

What were you doing?

IFSP development, review or revision

(hover over) includes comprehensive needs assessment

Are you the assigned Service Coordinator?

Yes

Was the parent physically present?

Yes

No

No

Please indicated your discipline:

EIS

Licensed Dietitian

Occupational Therapist

Physical Therapist

Speech Language Pathologist

Other (open text)



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Services

Response – Question 1

What were you doing?

General Administration

Interagency Coordination

Select service

Lunch

None of the above (text box)

Not Working

Paid Time Off

Leave without pay

Outreach



Response – Question 1

What were you doing?

Policy Development/Program Planning

The policy or planning was related to

General Administration

Provide 2-3 sentence description (text box)

Service Provision

Select Service

Pre Eligibility

Service Coordination

Screening

Initial Evaluation

None of the above (text box)

Referral



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Services

Response – Question 1

What were you doing?

Service provider relations, development, and recruitment
(*hover over* – External and internal to your ECI program)

Indicate what you were doing:

Developing resource directory of external providers

Recruiting service providers (*Hover over* – includes developing job descriptions, advertising the opening, and conducting interviews for employees or contractors)

Providing technical assistance to external provider(s)

Providing information to external provider(s) on policy, regulation, and/or statute

None of the above

Please provide a 2-3 sentence description of what you were doing at that moment. (open text)



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Services

Response – Question 1

What were you doing?

Service provider relations, development, and recruitment (con't)
Does or will the provider(s) provide Medicaid reimbursable services?

Yes

Please identify the discipline:

Advanced Practice Nurse

Audiology

Counseling

Dentist

Home Health Care

Hospice

Nutritional

None of the above (Open Text)

Occupational Therapy

Optometry

Physical Therapy

Physician/Physician Assistant

Psychological

Social Work

Speech

No



Response – Question 1

What were you doing?

Specialized Skills Training

Staff Training

Participating, Providing or Coordinating training for specific services.

For which service?

Developmental Services (Hover over – Skills training and development)

Case Management

Other (prompts service list)

Participating, Providing or Coordinating all other training



Response – Question 1

What were you doing?

Supervision

- Administrative Supervision

- General Service Provision

- Supervision related to EIS certification

- Service Specific

 - Specialized Skills Training

 - Case Management

 - Other (Select Service)

- Translation (Arranging)

- Translation (Providing)

- Transportation (Arranging)

- Transportation (Providing)



Service List

Academic/GED

Audiology

Behavioral intervention services

Case management

Day care

Dental care

Employment/Vocational

Family education and training

(Hover over – Assisting family in understanding the special needs of the child (Examples – Love and Logic, CPS, Safety Training, Parents as Teachers))

Family planning

Genetic counseling

Head Star

Health Services

Home health care/DMEPOS

Hospice

Housing

Legal

Medical *(hover over – physician, hospital, lab, x-ray, nursing)*

Neonatal Intensive Care Unit

Nutrition

Occupational therapy

Parenting classes

Pharmacy

Physical therapy

Prenatal care

Psychological/Counseling

Respite care

Specialized Skills Training *(hover-over: Developmental Svcs.)*

Social work

Speech therapy

Assistive technology services and devices

Vision

None of the above



Response – Question 2

Why were you doing it?



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Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/08/2015, 09:58 AM Central Time

Previous Answer:

WHAT WERE YOU DOING?
[EDIT](#) OUTREACH

Why were you doing it?

- ☐ To tell people about a service or to explain the benefits of a service
- ☐ To identify children with disabilities who are in need of ECI services
- ☐ To determine the person's eligibility
- ☐ To enroll the person into a service
- ☐ To help the person to obtain a needed service
- ☐ To coordinate services for someone
- ☐ To monitor the provision of a service
- ☐ To refer the person to a needed service
- ☐ To report on the person's progress
- ☐ To provide a service that is identified on the IFSP or treatment plan
- ☐ To address agency business that did not involve talking about specific children or their families.
- ☐ To improve the agency's provision of services.
- ☐ Other

[Next](#)

Your Profile ([Edit](#))

Name: Kristi Rowland

Email: [redacted]

Program: [redacted]

(ECI)

MAC Category: Physical Therapist - Licensed
(PT)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the
Fairbanks Client Information Center at
(888) 321-1225.



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Response – Question 2

Why were you doing it?

To tell people about a service or to explain the benefits of a service

Is the person or their child already receiving services?

Yes

No

Are you the assigned service coordinator?

Yes

No

To identify children with disabilities who are in need of ECI services

Did you discuss Medicaid or Medicaid funded services?

Yes

No

To enroll the person into a service

Select Service

Are you the assigned service coordinator?

Yes

No



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Services

Response – Question 2

Why were you doing it?

To determine the person's eligibility

For funding or monetary assistance:

CHIP

TANF

SNAP

WIC

Medicaid

Other – text box

SSI

For Services

Select service

Are you the assigned Service Coordinator?

Yes

No

To help the person obtain a needed service

Select Service

Are you the assigned Service Coordinator?

Yes

No



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Services

Response – Question 2

Why were you doing it?

To coordinate service for someone

Select Service

Are you the assigned Service Coordinator?

Yes

No

To monitor the provision of a service

Select Service

Are you the assigned Service Coordinator?

Yes

No

To refer the person to a needed service

Select Service

Are you the assigned Service Coordinator?

Yes

No



Response – Question 2

Why were you doing it?

To report on the persons progress

Select Service

Are you the assigned Service Coordinator?

Yes

No

To provide a service that is identified on the IFSP or treatment plan

Select Service

To address agency business that did not involve talking about specific children or their families

To improve the agency's provision of services


Other – text box




Response – Question 3


Activity was of direct benefit to a?





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Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 06/08/2015, 09:58 AM Central Time

Previous Answer:
 WHAT DID YOU DO THAT REQUIRED YOUR SPECIALIZED KNOWLEDGE?
[EDIT](#) GGG



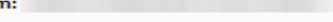
The activity was of direct benefit to a:


- ☐ Child who is eligible for ECI
- ☐ Child whose eligibility for ECI has not been determined yet
- ☐ Child determined to not be eligible for ECI
- ☐ Family member/caregiver and NOT THE ECI CHILD
- ☐ Group of people
- ☐ None of the above

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Your Profile ([Edit](#))
Name: 
Email: 
Program: 
(ECI)
MAC Category: Physical Therapist - Licensed
(PT)

Reference Materials
 [RMTS Information Website \(TX - HHSC\)](#)

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Response – Question 3

Activity was of direct benefit to a?

Child who is eligible for ECI

Child whose eligibility for ECI has not been determined yet

Child determined to not be eligible for ECI

Family member, caregiver and NOT the ECI CHILD

Group of people

None of the above



Response – Question 4

Who were you working with?



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Services

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Random Moment Time: 06/08/2015, 09:58 AM Central Time

Previous Answer:

WAS THE CONTACT
[EDIT BY PHONE](#)

Who were you working with?

☐ No one/alone/by myself

☐ With family/caregiver and child

☐ With family/caregiver and collateral

☐ With collateral, no family/caregiver

☐ None of the above

Next

Your Profile ([Edit](#))
Name:
Email:
Program:
(ECI)
MAC Category: Physical Therapist - Licensed
(PT)

Reference Materials
 [RMTS Information Website \(TX - HHSC\)](#)

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For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Response – Question 4

Who were you working with?

No one/alone/by myself

Were you?

Traveling to or from the activity

Preparing for the activity

Documenting the activity

None of the above

Please provide a 1-2 sentence description of what you were doing

With family/caregiver and child

With family/caregiver and collateral

With collateral, no family/caregiver

None of the above

Please Identify who was with you (open text)

Do not use proper names



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Services

Complete Time Study

Review Responses and Submit



TEXAS
Health and Human
Services

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Random Moment Time Study

✖

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/08/2015, 09:58 AM Central Time

You have completed the Random Moment Time Study. Please take a moment to review your answers, and make any corrections. When you are ready, please hit the "Certify & Submit" button to finalize your survey responses.

What were you doing?
[Edit](#) Outreach

Why were you doing it?
[Edit](#) To refer the person to a needed service

Please identify the service that was performed or discussed:
[Edit](#) Nutrition

Are you the assigned service coordinator?
[Edit](#) Yes

Could only someone with specialized medical/clinical knowledge and training perform this activity?
[Edit](#) Yes

What did you do that required your specialized knowledge?
[Edit](#) ggg

The activity was of direct benefit to a:
[Edit](#) Family member/caregiver and NOT THE ECI CHILD

Who were you working with?
[Edit](#) With family/caregiver and child

Certify & Submit

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Your Profile ([Edit](#))
Name: Kristi Rowland
Email:
Program:
(ECI)
MAC Category: Physical Therapist - Licensed (PT)

Reference Materials
[RMTS Information Website \(TX - HHSC\)](#)


Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.


Complete Time Study

Printed Completed RMTS





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Services

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Random Moment Time Study


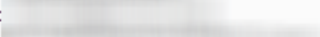

 CONGRATULATIONS LAUREN OLVERA, YOU HAVE COMPLETED THE TIME STUDY!

 Random Moment Time: 08/02/2013, 02:33 PM Central Time


Thank you for participating in the MAC time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

[Print](#) [Confirmation Receipt](#)

Your Profile

Name: 
Email: 
Program: 
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?


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Complete Time Study


Printed Confirmation Receipt

 **FAIRBANKS** LLC

Welcome, ([Logout](#))

Random Moment Time Study

 **KRISTI ROWLAND, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 06/08/2015, 01:30 PM CENTRAL TIME.**

 **Random Moment Time: 06/08/2015, 09:58 AM Central Time**

Here are your answers:

What were you doing?
Outreach

Why were you doing it?
To refer the person to a needed service

Please identify the service that was performed or discussed:
Nutrition

Are you the assigned service coordinator?
Yes

Could only someone with specialized medical/clinical knowledge and training perform this activity?
Yes

What did you do that required your specialized knowledge?
ggg


The activity was of direct benefit to a:
Family member/caregiver and NOT THE ECI CHILD

Who were you working with?
With family/caregiver and child

Your Profile

Name:
Email:
Program:
(ECI)
MAC Category: Physical Therapist - Licensed (PT)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

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Email Messages

- Types of Communication managed predominantly via e-mail, i.e.:
 - RMTS moment notifications and follow ups
 - Participant list updates
 - Compliance follow-ups
 - MAC Financial notifications and follow-ups
- Role in Fairbanks dictates what messages you receive
- It's critical that your ECI authorize your e-mail system to accept emails from Fairbanks.
- Confirm with your IT staff to make sure that e-mails with info@fairbanksllc.com, and @hhsc.state.tx.us extensions pass through firewalls and spam filters.



Helpful Hints

Passwords

Passwords will not change

If you forget your password, you can reset it at the log-in screen

Manage Contacts

Delete contacts if they are no longer with your entity

Do not back space and type over the name

To add a contact in system use the “Add a new contact”

Username & Password will be e-mailed

The primary contact can change primary status from themselves to a secondary. A secondary contact cannot change primary contact status

There can be only one Primary contact for each role (RMTS and MAC Financial)

There is no limit to the number of secondary contacts

For system questions contact Fairbanks support line: (888) 321-1225



WRAP UP

- If you are not listed in the Fairbanks system as a Contact then you cannot receive credit for completing this training until you have been added by the Primary RMTS contact or CEO

There are NO certificates for training:

- You will receive an email thanking you for attending today's training, however this does not mean that you will receive training credit.
- RMTS Contacts can view attendance information via Fairbanks by clicking the "Training" tab on the top far right portion of the screen
- A maximum of 9 days processing time is required after attending training before the session attended will be listed next to the RMTS Contact's name and the "status" column will then show full access
- Once "Full Access" is indicated you will be able to update/certify the participant list
- You can print this screen using the printer icon located on the top right corner of the screen for your records



Contact Information

Time Study

- Scott Kruse - Director (512) 490-3194
- Ri-Chard Thomas – Team Lead
- Alexandra Young – Rate Analyst

E-Mail Address

TimeStudy@hhsc.state.tx.us

Website

<https://rad.hhs.texas.gov/time-study/time-study-eci-training-information>

Fairbanks, LLC.

info@fairbanksllc.com

(888) 321-1225





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Thank you

Time Study Unit